

the access to vital specialty care and educational resources.

While we all seem to agree that it is important to add preventive benefits to Medicare, there has been a lot of discussion about whether to allow government-regulated private plans to offer these Medicare benefits. I have to step back a little and wonder if perhaps I am the only one who finds it ironic that we would use taxpayer-funded subsidies to give each one of us in Congress a choice of health plans, but yet we would deny our senior citizens that same choice.

The bill before us rejects this philosophy of "big Government knows best," and tells our seniors: You have the right to select a benefit that meets your needs. If you don't need drug coverage, you don't have to enroll. You can keep Medicare the way it is today. If you don't want to join a private plan, you don't have to. If you don't want to change anything about Medicare, you don't have to.

I also want to address a comment that a number of Members—primarily on the other side of the aisle—have made characterizing Medicare as good the way it is now. I have even heard a number claiming that the Medicare Program today gives seniors such things as a choice of doctors. While I agree with them that Medicare is a good program, and I believe we need to make sure it still exists for our children's children, I need to let my colleagues know that the way the current Medicare Program does business, it hurts those in my State who have been promised care.

Every week, Senator STEVENS, Congressman YOUNG, those in the Alaska delegation, and I come to work and we are faced with a huge stack of mail, e-mail, phone calls, and the like from Alaskans about the problems they are having with Medicare. I mentioned earlier that this summer, back in my State, I held a senior citizen forum in the community of Chugiak. What I learned may actually surprise some of my colleagues who seem particularly enamored with the way Medicare is today. Seniors in Alaska are not only being denied a choice of doctors, but in many cases they don't have the ability to see a doctor at all. This is because doctors, or health care providers, in Alaska are paid just about 37 cents on the dollar for the care they provide to seniors on Medicare. Medicare is a price-fixer. So what we have is somebody in Baltimore sitting in a cubical, and they are deciding how much to pay for medical care in the community of Delta Junction, in Alaska; or take the community of Bethel, not on the road system, completely cut off from the rest of the world. If the payment the folks in Baltimore have said we are going to be charging is less than the cost of actually providing the care, Medicare basically tells our doctors: Tough, you are out of luck. This price-fixing causes problems not only in the rural areas of the State—as I men-

tioned, in a place such as Bethel or Delta, where you would expect these problems—but the sad truth is that even seniors in the urban centers of Alaska, in Anchorage and Fairbanks, cannot find a doctor who will accept new Medicare patients.

Perhaps I need to go a little further in explaining to my colleagues how much of a problem this is in my State. When a senior in the lower 48 cannot find a doctor in their community to help them, they can hop into their car and drive to the next town and find a doctor—just go to the city. But when seniors cannot find a doctor in Fairbanks—and the whole State knows seniors in Anchorage are having the same problem—there are two options for them. The first one is that there are few things you can do. Second, there are bad things you can do.

The simple fact is that for many of my constituents, their choice for a doctor is limited to those who are practicing in the emergency room. Who is the doctor on call that night? That is their choice of doctors.

The only other choice is—and this is probably a choice only for a few—to fork over the \$1,400, or whatever the price of the airplane ticket is, to make the 8-hour roundtrip flight to Seattle and try their luck with doctors there.

Just 2 weeks ago, I had a constituent in my office who told me she flies to Virginia every year to see her doctor. She lives in Alaska. She flies to Virginia to see her doctor. She does this because she cannot find one in Anchorage who will accept new Medicare patients. The cost for the ticket alone, not counting her lodging and meals while she is there, is about \$1,500. Unfortunately, these situations in Alaska right now are not the exception; they are the rule.

We have somewhere between 1,000 and 2,000 senior citizens in Anchorage alone who cannot find a doctor who is willing to treat them. The situation in Fairbanks is not much better. We recently called up the State to one of the larger clinics there that accepts Medicare patients. We asked them: Are you accepting new Medicare patients, and when would the first available appointment be? We were told mid-July. This is not choice when it comes to your doctor.

How is this situation keeping the promise we made to our senior citizens in 1965 when we established Medicare? What kind of treatment are you advocating for when you keep Medicare the way it is? We can come up with grand plans here in Washington and we can talk about Medicare reform, but if we don't have doctors who can write the prescriptions, if we don't have access to physicians, we have not done anything to fix the problem with Medicare.

Keeping Medicare as we know it in Alaska means Alaskans will go to the emergency room for primary care. It means making Alaskans pay to fly across the country by themselves to go find a doctor, and it means making

Alaskans go without preventive screening.

Medicare as we know it doesn't give patients a choice of providers or access to the care of their choice, as some of my colleagues have stated. Medicare isn't working perfectly and desperately needs reform. I believe the legislation we have in front of us is a good compromise. It includes provisions that will ensure that senior citizens around the Nation and in Alaska will be able to find a doctor somewhere other than in the emergency room.

We owe our seniors a little more honesty in this debate. They deserve to know clearly that the prescription drug is voluntary. They deserve to know they will not be forced to join a program they don't want to join. They deserve to know the average senior citizen who joins will save somewhere around 63 percent on the cost of their prescription drugs. They deserve to know low-income seniors will pay no deductible, no monthly premium, and have no gap in coverage; and Medicare will pay about 90 percent of their drug costs. They deserve to know the group purchasing power we are giving to seniors is going to make the drug companies work for their business.

Mr. President, those who stood defending our freedom deserve more than the partisan rancor that has been sailing around this Chamber. They deserve to know more than some of the half-truths that have been told. Medicare, as we know it, should provide seniors with access to vital health care services and the physician of their choice. I believe this bill does those things, and I believe it will meet the needs of my constituents.

We have come a long way toward making good on our promise to our senior citizens, and that is to the credit of the administration and to the leadership of this Congress, certainly to the leadership of the Senator who is presiding this evening. We do need to strengthen Medicare, and seniors do need access to vital prescription drugs.

Many who are now on Medicare fought for the freedom that we enjoy today, and Monday we will, hopefully, have the opportunity to keep our promise to seniors and to fight on their behalf by providing them with a voluntary prescription drug benefit.

I urge my colleagues to support this legislation.

ORDERS FOR SUNDAY, NOVEMBER 23, 2003

Ms. MURKOWSKI. Mr. President, on behalf of the majority leader, I ask unanimous consent that when the Senate completes its business today, it adjourn until 1 p.m., Sunday, November 23. I further ask unanimous consent that following the prayer and pledge, the morning hour be deemed expired, the Journal of proceedings be approved to date, the time for the two leaders be reserved for their use later in the day,

and the Senate then resume consideration of the conference report to accompany H.R. 1, the Medicare Prescription Drug Modernization Act, with the understanding that speakers will alternate between the sides with the order of speakers on the opponents' side, as previously requested by the assistant Democratic leader.

The PRESIDING OFFICER. Without objection, it is so ordered.

PROGRAM

Ms. MURKOWSKI. Mr. President, tomorrow the Senate will continue debate on the Medicare conference re-

port. We had an extended and vigorous debate today, but there are many others who wish to make statements on this historic bill. Because we have a large number of Senators who wish to speak tomorrow, we ask Senators to limit their remarks to 30 minutes. We will talk further tomorrow on the best way to accommodate Members as we go forward.

As a reminder, a cloture motion on the conference report was filed today. That vote will occur during Monday's session at approximately 12:30.

Finally, on behalf of the leader, I thank not only the Members who par-

ticipated in the debate but also the Senators who presided throughout this session.

ADJOURNMENT UNTIL 1 P.M.
TOMORROW

Ms. MURKOWSKI. Mr. President, if there is no further business to come before the Senate, I ask unanimous consent that the Senate stand in adjournment under the previous order.

There being no objection, the Senate, at 9:33 p.m., adjourned until Sunday, November 23, 2003, at 1 p.m.